



# DELAWARE HEALTH AND SOCIAL SERVICES

## Division of Medicaid and Medical Assistance

### Alternate Electronic Visit Verification (EVV) Vendor Change Form

Providers using an alternate EVV Vendor must notify DMMA, Sandata and the Diamond State Health Plan MCOs (as appropriate) of a change in alternate EVV Vendors at least 45 days in advance of the change. (This includes providers seeking to change from an alternate EVV system to Sandata.)

Please use this form to communicate the details of the anticipated change. Please complete all fields (if switching to Sandata vendor contact info not needed) and email this form to the following:

DMMA: [DHSS\\_DMMA\\_EVV@delaware.gov](mailto:DHSS_DMMA_EVV@delaware.gov)

Sandata: [DEaltev@sandata.com](mailto:DEaltev@sandata.com)

AmeriHealth Caritas of Delaware: [EVV\\_Provider\\_Notification@amerihealthcaritasde.com](mailto:EVV_Provider_Notification@amerihealthcaritasde.com)

Highmark Health Options: [EVVProviderCommunication@highmark.com](mailto:EVVProviderCommunication@highmark.com)

Agency Name	
Agency Medicaid ID (MCDID)	
Agency NPI	
Agency Contact Person Name	
Agency Contact Person Phone	
Agency Contact Person Email	
Agency Street Address	
Agency City	
Agency State	
Agency Zip Code	

Name of Current EVV Vendor/Company	
Name of Current EVV Product/Solution	

Implementation Date of New System	
Name of New EVV Vendor/Company	
Name of New EVV Product/Solution	
If switching to Sandata, are state-issued devices needed?	
If state-issued devices are needed, how many are needed?	
New EVV Vendor/Company Contact Name	
New EVV Vendor/Company Contact Phone	
New EVV Vendor/Company Contact Email	